

Foothills Kiwanis Club of Boulder, CO  
Alert Service Dogs (ASD) for Kids Academy

### Academy Application Form

To become a candidate for enrollment in the ASD Academy that teaches families to train an Alert or Medical Response Dog for their afflicted child. Preferred recipient ages range from 8 to 14 years.

**Kiwanis Club of the Foothills, Boulder considers the information submitted in this application to be confidential; it will only be disclosed to the Service Dogs for Kids selection committee and to the Club officers and Board of Directors.**

1. Submittal Date \_\_\_\_\_

2. \_\_\_\_\_ (Child's Name)

3. \_\_\_\_\_ Yrs Child's age  
M\_\_ F\_\_ gender

3. Child's Condition for Alert Dog  
\_\_\_ Diabetes \_\_\_ Allergy (to what \_\_\_\_\_)

**Please describe child's condition including severity and ability to control with medication or other means. Attach additional supporting information, if necessary.**

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**3. Name all adult parents/guardians residing with child:**

_____	_____	_____
<b>Name</b>	<b>Employer</b>	<b>Position</b>

_____	_____	_____
<b>Name</b>	<b>Employer</b>	<b>Position</b>

**4. Name(s) of parent/guardian who would become a member of the Foothills Kiwanis Club of Boulder, and regularly attend 1 hour training classes, twice per month in Boulder, Colo.**

**5. Name all children or other residents of household**

_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Age</b>

_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Age</b>

_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Age</b>

_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Age</b>

_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Age</b>

**6. Type & breed of pets residing at household. Ages of pets If dogs, formal obedience trained? (Y,N)**

<b>Type (Dog, Cat, etc)</b>	<b>Breed</b>	<b>Age</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Household dogs will be carefully evaluated during a home interview. The evaluation committee may judge that the presence of your dog(s) could interfere with effective puppy/child bonding, in which case, arrangements must be made for the subject dog to be absent for up to 4 months. Please describe how you would accomplish this temporary absence.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Residence:**

Single Family home       Own       Rent

Condo/Town home       Own       Rent

Other Please describe

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**8. Will the home and work environment be such that the puppy will never be left home alone for more than 4 consecutive hours or more than a total of 20 hours per week?     Yes       No**

**If Yes, and if both parents/guardians work full time, please describe how this will be implemented**

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**9. How will dog be exercised and where will it relieve itself?**

Fenced Yard

\_\_\_\_ Other - Please

Describe \_\_\_\_\_

10. Dog ownership experience of parent/guardian attending Academy training classes.

\_\_\_\_ Currently own a dog

\_\_\_\_ Have owned and cared for \_\_\_\_ dogs in the past

\_\_\_\_ Have attended obedience classes with a dog

11. By submitting this application, the undersigned agrees that Foothills Kiwanis Club of Boulder may contact the following individuals. Further, the undersigned agrees to process information release forms, as necessary, to allow us to discuss this case with the following individuals:

\_\_\_\_\_  
School nurse name

\_\_\_\_\_  
School name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Child's Physician name

\_\_\_\_\_  
Physician's Facility

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Other individual(s) familiar with the child's condition  
(optional)

\_\_\_\_\_  
Phone

**12. If the selection committee wishes, will you allow committee members to visit your home and to interview the child, all parents/guardians, and other individuals residing at your home?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**13. Do you live within 30 miles of Boulder, CO and/or are willing to attend twice monthly classes in the Boulder, CO area and to visit the Project Trainer in Boulder when direct consultations are required?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**14. If selected to enroll in our Academy, one adult member of the Family must join the Foothills Kiwanis Club of Boulder. There are two membership levels available. The Regular membership dues are about \$55.00 per month, which gives the member full rights and privileges, and includes breakfast at all regular meetings and liability insurance covering the dog. There is also an Honorary membership with no dues, which entitles the member to attend any or all meetings, but the member will be charged \$15.00 for the breakfast meal. The liability insurance for the dog is included, but an Honorary member cannot vote or hold office. Please indicate your preference.**

Regular membership \_\_\_\_\_

Honorary membership \_\_\_\_\_

**15. How did you learn about us?**

\_\_\_\_\_ ASD brochures

\_\_\_\_\_ Foothills Kiwanis Club website

\_\_\_\_\_ Project website—[www.AlertDogs4Kids.org](http://www.AlertDogs4Kids.org)

\_\_\_\_\_ **Member of ASD Academy**

\_\_\_\_\_ **Media information**

\_\_\_\_\_ **Other – Please Indicate**

\_\_\_\_\_

**16. The principle contact regarding this application is:**

\_\_\_\_\_

**Name (Please print)**

**Signature/Date**

\_\_\_\_\_

**Address**

**City**

**State**

**Zip**

\_\_\_\_\_

**Phone**

\_\_\_\_\_

**Email**

**Submit this application to:**

**Foothills Kiwanis Club of Boulder, CO**

**Attn: Alan Boeve**

**4446 Pembroke Gardens**

**Boulder, CO 80301**



**303-530-4389 (h)**

**720-936-5720 (c)**

**Questions – please send email to [alanboeve@aol.com](mailto:alanboeve@aol.com) or phone 720-936-5720**